

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10765919

01/29/01

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
NO.	DEP	NO.	DEP	NO.	DEP	NO.	DEP	NO.	DEP	NO.	DEP
1	/	/				51					
2	/	/				52					
3	/	/				53					
4	/	/				54					
5		4		4		55					
6		4		4		56					
7		4		4		57					
8		1		1		58					
9		1		1		59					
10		2		2		60					
11		1		1		61					
12		1		1		62					
13		1		1		63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
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32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL NO.	4	4				TOTAL NO.					
TOTAL DEP.	16	16				TOTAL DEP.					
TOTAL CLAIMS	20	20				TOTAL CLAIMS					